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ShelterPoint Life,  formerly First Rehab Life



Vision Insurance

Vision Claims Guide

If you choose to take advantage of the in-network savings, you can locate NVA Vision network providers on their website: www.e-nva.com

1. How do I submit a claim?

In-network benefits:

No claim forms are needed if you choose an NVA network provider! Simply provide the vision provider's office with the member ID number and/or name and date of birth of any covered dependent needing services. The vision provider's office will verify your eligibility for services. **NVA providers do not require ID cards.** However, if you would like an ID card, please register on the NVA web portal at: www.e-nva.com After registering, ID cards will be available for print.

Out-of-network benefits:

You have the freedom to choose any licensed eye care provider. If a non-participating provider is chosen, you will be responsible for 100% of the cost at the time of service and may then submit a claim for reimbursement either **online at www.e-nva.com** or by mail to our dedicated Vision Claim Administrator:



NVA
Attn: ShelterPoint
P.O. Box 2187
Clifton, NJ 07015

2. How can I check the status of my claim?

- Visit the member portal at: www.e-nva.com
- Call the dedicated toll-free member services telephone number: **877-241-7124**

Optional NVA Provider Network Enhancements

Policyholder: XGNY1031 - Syosset Teachers Association		
Examination	Once every 12 months¹	Covered 100%
Lenses	Once every 12 months¹	
	Single vision	Covered 100%
	Bifocal vision	Covered 100%
	Intermediate vision	Covered 100% after \$30 copay
	Trifocal	Covered 100%
	Lenticular	Covered 100%
Lens Options	Once every 12 months¹	
	Scratch resistant coating	Covered 100% after \$10 copay ²
	Fashion/gradient tint	Covered 100%
	Solid tint	Covered 100%
	Glass photogrey single vision lens	Covered 100% after \$15 copay ²
	Glass photogrey bifocal and trifocal lens	Covered 100% after \$20 copay ²
	Ultraviolet (UV) coating	Covered 100% after \$12 copay ²
	Standard anti-reflective (AR) coating	Covered 100% after \$35 copay ²
	Premium anti-reflective (AR) coating	Covered 100% after \$48 copay ²
	Ultra anti-reflective (AR) coating	Covered 100% after \$60 copay ²
	Oversized	Covered 100%
	Blended segment	Covered 100% after \$20 copay ²
	Standard plastic photosensitive (Transitions) lenses	Covered 100% after \$65 copay ²
	High index	Covered 100% after \$55 copay ²
	Polarized lenses	Covered 100% after \$75 copay ²
	Polycarbonate lenses	Covered 100% after \$20 copay ²
	Standard progressive lenses	Covered 100% after \$50 copay ²
	Premium progressive lenses	Covered 100% after \$85 copay ²
Frames	Once every 12 months¹	
	Frame allowance	\$100 retail allowance ⁶ (20% overage discount)
Contacts	Once every 12 months¹	
<i>In lieu of eyeglasses</i>	Maximum allowance for conventional lenses	\$100 retail allowance ⁴ (15% overage discount)
	Maximum allowance for disposable lenses	\$100 retail allowance ⁴ (10% overage discount)
	Medically necessary contact lenses ⁵	Covered 100%
	Evaluation, fitting, and follow-up care - standard lenses	Covered 100% after: \$20 copay (daily wear lenses) ⁷
	Evaluation, fitting, and follow-up care - specialty lenses	Covered 100% after: \$30 copay (ext. wear lenses) ⁷
	Evaluation, fitting, and follow-up care - specialty lenses	Covered 100% after \$50 copay ⁷
Indemnity Reimbursements		
	Once every 12 months¹	
	Complete Pair of Eyeglasses (including eye examination) with frame and single vision lenses	Up to \$90
	Complete Pair of Eyeglasses (including eye examination) with frame and bifocal vision lenses	Up to \$110
	Complete Pair of Eyeglasses (including eye examination) with frame and trifocal vision lenses	Up to \$120
	Contact lenses, including examination and fitting	Up to \$125
	Contact lenses examination and fitting	Up to \$65
	Tint where medically indicated	up to \$7.50
	Subnormal vision care (where acuity cannot be corrected to a 20/70 standard by use of corrective lenses)	80%/\$375 ⁸
	Unusually heavy or postoperative lenses	Up to \$75
Examination	Once every 12 months¹	Up to \$28
Lenses	Once every 12 months¹	
	Single vision	Up to \$26
	Bifocal vision	Up to \$40
	Intermediate vision	Up to \$40
	Trifocal	Up to \$52
	Lenticular	Up to \$52
Frames	Once every 12 months¹	
	Frame allowance	Up to \$27
Contacts	Once every 12 months¹	
<i>In lieu of eyeglasses</i>	Maximum allowance for lenses	Up to \$60

¹Benefit year is based on member's last date of service.

²Actual discounted amounts may vary.

³Prior authorization required. Polycarbonate lenses are covered in full for: Dependent children to age 26, monocular patient, and patients with prescription +/- 6.00 diopters or greater. All others (Polycarbonate SV discounted to \$25 & Polycarbonate Bi/Trif discounted to \$30)

⁴Does not apply at Contact Fill or Cole corporate locations (if applicable) and where prohibited by law. Prohibited by some manufacturers.

⁵Prior authorization required.

⁶Does not apply for certain proprietary frame brands and where prohibited by law.

⁷Only covered if member chooses contact lenses.

⁸80% of the eligible expenses incurred up to a maximum of \$375 per covered person in each policy year.